


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 010-060	2. PERIOD COVERED MO DAY YEAR From 0701 2001 Through 0630 2002	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4		
4. AFFILIATION OR ORGANIZATION NAME RON HARSIN (3) 010-060 CARPENTERS IND 540 LU 2851 62827 BOOTH LANE LA GRANDE, OR 97850 6/2002 			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input checked="" type="checkbox"/> No			

56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED: <u>Niko Moran</u> <u>09/08/02</u> (541) 963-5749 Date Telephone Number	PRESIDENT (If other title, see instructions.)	58. SIGNED: <u>Sherry McNeil</u> <u>09/19/02</u> (541) 963-3768 Date Telephone Number	TREASURER (If other title, see instructions.)
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During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions?

Yes No
X

11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?

X

12. Have a political action committee (PAC) fund?

X

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?

X

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

X

15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.)

X

16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?

X

17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?

X

18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?

X

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period?

310

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$

17500

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes No
X

22. What is the date of your organization's next regular election of officers?

MO YEAR
08 2002

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 36 per MONTH (Month, Year, etc.)
(b) Initiation Fees	\$ 200
(c) Transfer Fees	\$ 0
(d) Work Permits	\$ 0 per MONTH (Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 010-060

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
1. <small>Last Name</small> ALEXANDER <small>First Name</small> DOUG <small>Title</small> COMMITTEE <small>Status</small> C		922	0	922
2. <small>Last Name</small> STEPHENS <small>First Name</small> MICHAEL <small>Title</small> COMMITTEE <small>Status</small> C		550	0	550
3. <small>Last Name</small> STUBBLEFIELD <small>First Name</small> DONNY <small>Title</small> COMMITTEE <small>Status</small> C		876	0	876
4. <small>Last Name</small> BURKE <small>First Name</small> NORMAN <small>Title</small> VICE-PRESIDENT <small>Status</small> C		1522	0	1522
5. <small>Last Name</small> CANTRALL <small>First Name</small> CALVIN <small>Title</small> TRUSTEE <small>Status</small> C		600	0	600
6. <small>Last Name</small> CLEVELAND <small>First Name</small> MICHAEL <small>Title</small> COMMITTEE <small>Status</small> C		727	0	727
7. <small>Last Name</small> HALSEY <small>First Name</small> WILLIAM <small>Title</small> COMMITTEE <small>Status</small> C		901	0	901
8. Totals from additional pages (if any)		19954	0	19954
9. Totals of Lines 1 through 8				26052
		10. Less Deductions 0		
Enter the Total from Line 11 in Item 45 →		11. Net Disbursements 26052		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

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STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	51687	61233	32. Accounts Payable	0	0
	26. Loans Receivable	0	0	33. Loans Payable	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
	28. Investments	0	0	35. Other Liabilities	667	241
	29. Fixed Assets	64145	64145	36. TOTAL LIABILITIES	667	241
	30. Other Assets	0	0	37. NET ASSETS (Item 31 less Item 36)	115165	125137
	31. TOTAL ASSETS	115832	125378			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	141399	45. To Officers (from Item 24)	26052
	39. Per Capita Tax	0	46. To Employees (less deductions)	0
	40. Fees, Fines, Assessments & Work Permits	0	47. Per Capita Tax	88673
	41. Interest & Dividends	0	48. Office & Administrative Expense	8633
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	1080
	43. Other Receipts	3165	50. Benefits	0
	44. TOTAL RECEIPTS	144564	51. Contributions, Gifts & Grants	1588
	<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets	0
			53. Loans Made	0
			54. Other Disbursements	8992
			55. TOTAL DISBURSEMENTS	135018

ORGANIZATION NAME:

CARPENTERS IND LU 2851

ENDING DATE OF PERIOD COVERED:

06/30/2002

FILE NUMBER: 010-060

PAGE 1 OF 2 ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name HARSIN Title FIN SECRETARY	First Name RONALD Status C	4501	0	4501
Last Name HUDSON Title COMMITTEE	First Name STEVEN Status C	50	0	50
Last Name GORHAM Title COMMITTEE	First Name MERRILL Status C	878	0	878
Last Name JOHNSON Title COMMITTEE	First Name HARLAN Status C	891	0	891
Last Name LAMBERT Title TRUSTEE	First Name GUY Status C	1314	0	1314
Last Name MCNEIL Title TREASURER	First Name SHERRY Status C	2110	0	2110
Last Name MORAN Title PRESIDENT	First Name MICHAEL Status C	2589	0	2589
Last Name NEUSTEL Title COMMITTEE	First Name TERRY Status C	946	0	946
Totals		13279		13279

ORGANIZATION NAME:

CARPENTERS IND LU2851

ENDING DATE OF PERIOD COVERED:

06/30/02

FILE NUMBER: 010-060

PAGE 2 OF 2 ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)			
Last Name ZEMKE First Name JERRY Title REC SECRETARY Status C		3554	0	3554
Last Name GORHAM First Name TODD Title COMMITTEE Status C		950	0	950
Last Name LOCKEN First Name DAN Title COMMITTEE Status C		919	0	919
Last Name ROULET First Name JAN Title COMMITTEE Status C		1252	0	1252
Last Name First Name Title Status				
Last Name First Name Title Status				
Last Name First Name Title Status				
Last Name First Name Title Status				
Totals		6675	0	6675